STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004458	A. BUILDING: _____ B. WING _____	C 12/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SETTLERS PLACE	3304 MONROE ST LA PORTE, IN 46350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00161413. This visit was in conjunction with the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on October 23, 2014. Complaint IN00161413-Substantiated. No deficiencies related to the allegations are cited. Survey date: December 24, 2014 Facility number: 004458 Provider number: 004458 AIM number: N/A Survey team: Yolanda Love, RN-TC Census bed type: Residential: 24 Total: 24 Census payor type: Other: 24 Total: 24 Sample: 3 Settlers Place was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00161413. Quality review completed on December 29, 2014, by Janelyn Kulik, RN.	R 000		